

**CHAPTER 6**  
**STATE COMPENSATION INSURANCE FUND (SCIF)**

**6-1. GENERAL.** The Office of The Adjutant General insures State employees for illness or injury received in the performance of their duties. The program provides benefits in the form of temporary disability pay (TD), rehabilitation, vocational training, placement and other services as required. Payment of medical bills and benefits is administered through SCIF offices statewide. Benefits are assigned upon request from the employing state agency (i.e. California National Guard) and continue until an employee is returned to duty or a permanent disability settlement is awarded. No state benefits may be awarded that duplicate any federal benefits received by the individual.

**6-2. ELIGIBILITY.** Personnel in the California National Guard who are not permanent employees in the Office of The Adjutant General are considered State employees under the provisions of Section 340 California Military and Veterans Code. This status is applicable during drills, annual training, state emergencies and other duties as directed by the commander in an official status.

**6-3. APPLICATION PROCEDURES.** Application for benefits must be submitted to the Office of The Adjutant General, Support Branch, 2829 Watt Avenue, Sacramento CA 95821-0405.

**6-4. REQUIRED FORMS.** The following documents are required. (Reference Appendix E)

a. SCIF Form 3067: Employers Report of Occupational Injury or Illness.

b. SCIF Form 3301: Employee's Claim for Workers Compensation Benefits.

c. DD Form 2823: Sworn Statements. Use for both injured soldier and witness statements. Statements do not require soldier be sworn or advised of their rights.

d. A repayment agreement form is required if applicant has requested federal benefits for the same injury/illness. State law prohibits receipt of duplicate benefits. All temporary SCIF benefits must be repaid by the applicant upon receipt of federal benefits.

**6-5. PROCESSING PROCEDURES.** The Support Branch, Office of The Adjutant General reviews applications to determine eligibility for benefits. SCIF Form 3067 is completed and authenticated for submission to the regional SCIF office proximate to the soldier's home of record. The SCIF office establishes a direct relationship with the applicant. The SCIF office generally coordinates with the Office of The Adjutant General to determine the appropriate type of compensation and/or benefits that will be provided.

**6-6. RESTRICTIONS/DENIAL/APPEALS.** The California Military and Veterans Code precludes award of duplicate benefits for personnel also receiving federal benefits. A soldier cannot receive federal incapacitation pay and state temporary disability pay for the same injury/period. It is possible that a soldier could receive state and federal benefits if it is determined that they are mutually exclusive. Benefit applications may be denied by the Office of The Adjutant General or the regional SCIF office for a variety of reasons to include: insufficient documentation, injury/illness did not occur while in a state status, misconduct, alcohol/drug involvement or duplicative federal benefits. Appeals for denied applications may be submitted to the Workers Compensation Appeals Board. In these cases a judge will hear the appeal. Individuals are responsible for securing their own representation (if they desire a lawyer) for these proceedings.

**6-7. RELATED PUBLICATIONS/REFERENCES.**

California Military and Veterans Code

California Labor Code

SCIF Pamphlet 13710 (Your Guide to Workers Compensation)

SCIF Pamphlet 13769 (Workers' Compensation Reform)

## CHAPTER 7 MEDICAL EVALUATIONS

7-1. **GENERAL.** If a soldier cannot perform MOS duties due to mental or physical problems, a medical/psychological evaluation may be requested by the soldiers unit commander. An evaluation will be made to determine fitness for duty which may result in MOS reclassification or discharge.

a. A medical/psychological evaluation is requested by memorandum. Requests must include back-up information, medical records and statements, etc.

7-2. **SUBMISSION.** The commander's request for medical/psychological evaluation is sent to OTAG, ATTN: CAMP-SB. A two month suspense date is placed on the transmittal letter to the 175th Medical Brigade. A copy of the transmittal letter is sent to the requesting unit by CAMP-SB.

a. Once an appointment is scheduled, the applicable medical unit will notify the soldiers unit as to the time and date of the appointment. The unit is responsible for contacting the soldier and arranging transportation to the medical facility for the evaluation.

b. It is mandatory that the soldier attend the scheduled medical evaluation appointments. The Unit Commander has the discretion to discharge a soldier for failure to keep a scheduled medical appointment in accordance with NGR 600-200.

7-3. **COMPLETION.** Once the medical/psychological evaluation is completed, it will be transmitted with DA Form 3349 to CAMP-SB by the examining facility.

a. The soldier is able to return to duty if given a profile of a "1" or "2" unless otherwise restricted by his MOS as identified in AR 611-201. The unit will be notified of soldiers status.

b. A soldier with a profile of "3" or "4" may be subject to reclassification or discharge. The Unit Commander will be notified and has the responsibility to make this decision and respond to CAMP-EPMS before the suspense date.

## CHAPTER 8 DEATH CASES

8-1. **DEATH NOTIFICATION.** Upon notification of death, it is the units responsibility to call the Emergency Operations Center (EOC) (916) 973-3440 to make a Serious Incident Report (SIR). Once the EOC is notified, the unit should immediately notify Support Branch (916) 973-3335 for initiation of an Advance Report, Servicemens Group Life Insurance (SGLI) paperwork, appointment of a survivor's assistance officer and notification procedures for next of kin (if necessary).

8-2. **REQUIRED INFORMATION.** Information required to initiate a Report of Death. (Refer to Appendix F).

- a. Soldiers name, social security number and rank.
- b. Date, place and cause of death.
- c. Date and place of birth, race and religious preference.
- d. Was soldier in duty status at time of death?
- e. Beneficiaries (name, address, and relationship to deceased).
- f. Date of record of Emergency Data Form (DD Form 93).
- g. Person handling funeral arrangements.
- h. Date, time and place of service.
- i. Was soldier a technician?
- j. Was soldier married? Any children?

8-3. **SGLI DOCUMENTATION.** The unit is to furnish to Support Branch, OTAG the following documentation for initiation of SGLI processing. (Refer to Appendix F)

- a. Report of Death (see para 12-7, AR 600-8-1 for format).
- b. A Certified Death Certificate (Original copy).
- c. DA Form 41 or DD Form 93 and VA Form 29-8286.
- d. Copy of last two leave and earning statements on which SGLI was deducted.
- e. Military Personnel Records Jacket (if not at CAMP-CARE).
- f. Statement of number of assemblies for which pay is due (may be included on report of death).
- g. A copy of the unit training schedule (only if on duty status).
- h. Police reports and coroners reports are required if death was caused by other than natural causes.
- i. CAL ARNG Form 40-2 (Appendix) will be utilized to transmit all documents to Support Branch, (CAMP-SB) OTAG.

## CHAPTER 9 MEDICAL BILLS

9-1. **PURPOSE.** This chapter explains the procedures for submitting medical bills related to treatment authorized in the line of duty.

9-2. **APPLICABILITY.** All itemized medical bills received by a unit or a service member related to treatment received for injury or disease will be forwarded to OTAG, ATTN: CAMP-SB for determination and processing. This section applies to all soldiers no matter their status, (AGR, AT or IDT).

9-3. **AUTHORITY FOR TREATMENT.** Treatment in a civilian medical or dental facility is not authorized without prior written or verbal authorization by the Chief, National Guard Bureau or his designee.

a. Treatment obtained without authorization or treatment not related to the injury incurred in the line of duty is the personal responsibility of the soldier.

b. Treatment obtained as a result of injury or disease found not to be in the line of duty may be the personal responsibility of the soldier.

c. Medical bills received by OTAG, CAMP-SB that are found not in the line of duty or unauthorized will be forwarded to the individual soldier for payment. The soldier's unit will be notified of the action. The unit will counsel the soldier on his/her responsibility for payment and the treatment facility/hospital will be notified by Support Branch.

9-4. **AUTHORIZED PAYMENT.**

a. Medical bills are authorized for payment upon approval of the line of duty.

b. Medical bills received by Support Branch with line of duty action still pending will be held until line of duty determination is complete.

c. Medical bill(s) under \$2,500 total are authorized for payment by the Support Branch, OTAG and processed for payment by USPFO.

d. Medical bills over \$2,500 total require National Guard Bureau authorization. Processing and payment takes up to 60 days.

## APPENDIX A

<b>TRANSMITTAL FORM</b> The proponent of this form is CAMP-SB. See CAL PAM 40-2 for complete instructions.						
<input checked="" type="checkbox"/> Line of Duty <input type="checkbox"/> Incapacitation <input type="checkbox"/> Death <input type="checkbox"/> Medical Bills <input type="checkbox"/> Other						
Office of the Adjutant General State Military Forces ATTN: CAMP-SB P. O. Box 214405 Sacramento, CA 95821-0405	From: Cdr, 40th Personnel Svc Company 440 Arden Way Sacramento, CA 95828-0000					
Date: 25 May 1989	POC: SFC Madison, Charles	Phone: (916)788-0098				
<p>USAGE: All source documents sent to Support Branch are logged in and out to provide control at all levels and to furnish an audit trail.</p> <p>INSTRUCTIONS TO COMPLETE FORM: Check-off inventory items attached and obtain signature of BN or MACOM Administrative Officer (AO). Forward to OTAG, ATTN: CAMP-SB Box #20. Special Instructions are provided on the reverse side of this form. See CAL PAM 40-2 for complete instructions.</p>						
SOLDIER'S NAME: SSG LOVE, Larissa M.                SSN: 124-00-0081                DOI: 23 Apr 89						
<div style="text-align: center;">DOCUMENT INVENTORY FOR LOD:</div> <table style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">INFORMAL LOD</th> <th style="width: 50%; text-align: center;">FORMAL LOD</th> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CAL ARNG Form 40-2  <input type="checkbox"/> CAL ARNG Form 2173  <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1  <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1  <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8    <input type="checkbox"/> AT Orders/IDT Training Schedule #6  <input type="checkbox"/> Other Documents #2               </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CAL ARNG Form 40-2  <input type="checkbox"/> DD Form 261  <input type="checkbox"/> Order Appointing Investigating Officer.  <input type="checkbox"/> CAL ARNG Form 2173  <input type="checkbox"/> Letter of Adverse Personnel Action #7  <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1  <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1  <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2)  <input type="checkbox"/> DA Form 3881 Rights Warning #3  <input type="checkbox"/> Accident/Police Report #4  <input type="checkbox"/> Map (showing direct route) (As Required)  <input type="checkbox"/> AT Orders/IDT Training Schedule #6               </td> </tr> </table> <div style="text-align: center; margin-top: 10px;">ADMINISTRATIVE LOD</div> <div style="padding: 5px;"> <input checked="" type="checkbox"/> CAL ARNG Form 40-2  <input checked="" type="checkbox"/> CAL ARNG Form 2173           </div> <p style="margin-top: 10px;"># See special instructions.            (Refer to reverse side for INCAP and DEATH inventory)</p>			INFORMAL LOD	FORMAL LOD	<input type="checkbox"/> CAL ARNG Form 40-2 <input type="checkbox"/> CAL ARNG Form 2173 <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8  <input type="checkbox"/> AT Orders/IDT Training Schedule #6 <input type="checkbox"/> Other Documents #2	<input type="checkbox"/> CAL ARNG Form 40-2 <input type="checkbox"/> DD Form 261 <input type="checkbox"/> Order Appointing Investigating Officer. <input type="checkbox"/> CAL ARNG Form 2173 <input type="checkbox"/> Letter of Adverse Personnel Action #7 <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) <input type="checkbox"/> DA Form 3881 Rights Warning #3 <input type="checkbox"/> Accident/Police Report #4 <input type="checkbox"/> Map (showing direct route) (As Required) <input type="checkbox"/> AT Orders/IDT Training Schedule #6
INFORMAL LOD	FORMAL LOD					
<input type="checkbox"/> CAL ARNG Form 40-2 <input type="checkbox"/> CAL ARNG Form 2173 <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8  <input type="checkbox"/> AT Orders/IDT Training Schedule #6 <input type="checkbox"/> Other Documents #2	<input type="checkbox"/> CAL ARNG Form 40-2 <input type="checkbox"/> DD Form 261 <input type="checkbox"/> Order Appointing Investigating Officer. <input type="checkbox"/> CAL ARNG Form 2173 <input type="checkbox"/> Letter of Adverse Personnel Action #7 <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) <input type="checkbox"/> DA Form 3881 Rights Warning #3 <input type="checkbox"/> Accident/Police Report #4 <input type="checkbox"/> Map (showing direct route) (As Required) <input type="checkbox"/> AT Orders/IDT Training Schedule #6					
<div>Administrative Officer Certification:</div> <p>I certify that I have personally reviewed the attached documents and found them to be correct and complete in accordance to CAL PAM 40-2.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>25 May 1989</p> <p>DATE OF CERTIFICATION</p> </div> <div style="width: 45%; text-align: right;"> <p>GEORGE G. SCOTT/MAJ </p> <p>PRINT/TYPE NAME/RANK AND SIGNATURE</p> </div> </div>						

CAL ARNG Form 40-2

## APPENDIX A (continued)

## INCAPACITATION PAYROLL

## 1. Initial Payroll:

- ☐ CAL ARNG Form 40-2
- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2/Doctors Statement
- ☐ CAL NG Form 37-D
- ☐ CAL ARNG Form 2173, with approval
- ☐ DA Form 261, with approval
- ☐ AT Order/IDT Training Schedule

## 2. Additional Payrolls

- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2 #8

## DEATH CASE

- ☐ CAL ARNG Form 40-2
- ☐ Death Report  
Example AR 10-7  
para 10-7
- ☐ Certified Death Cert.
- ☐ DD Form 93
- ☐ VA Form 29-8286
- ☐ Last three LES
- ☐ MPRJ File #5
- ☐ Statement of pay due
- ☐ Unit Training  
Schedule #6
- ☐ Police Report\*
- ☐ Coroner Report\*

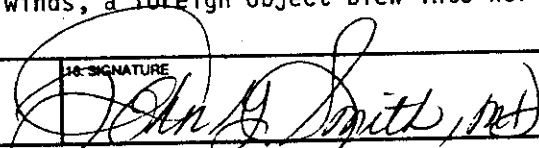
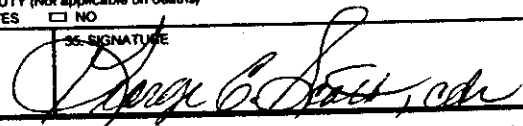
\*Depending on the cause  
of death (gun shot wound,  
auto accident, etc).

## SPECIAL INSTRUCTIONS

1. DD Form 2823 should be used if available. Plain bond or notebook paper can be substituted.
2. Submit other documents as required to assist in the investigation/determination. (physicals, accident reports, maps, etc).
3. Rights warning are required only if soldier is suspected or accused of any offense under the UCMJ.
4. Accident/police report are required if a vehicle accident is directly related.
5. Forward MPRJ unless stored at CAMP-CARE. (Indicate MPRJ's location in comments.)
6. AT Orders/IDT training Schedule are required when on duty status.
7. Letter of notification for not-in-line-of-duty findings and adverse personnel action pending.
8. CAL ARNG Form 40-6-2 must be submitted with each INCAP payroll request. A doctor's medical statement can be substituted in place of the CAL ARNG Form 40-6-2.

## COMMENTS:

## APPENDIX A (continued)

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS			
For use of this form, see NGR 800-3; the proponent agency is The State Military Department			
THRU: (Include ZIP Code) Channels	TO: (Include ZIP Code) OTAG (CAMP-SB) P.O. Box 214405 Sacramento, CA 95821-0405	FROM: (Include ZIP Code) 40th Personnel Svc Company 440 Arden Way Sacramento, CA 95828-0000	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) LOVE, Larissa M.		2. SSN 124-00-0081	3. GRADE SSG
4. ORGANIZATION AND STATION 40th Personnel Service Company Sacramento, CA		5. ACCIDENT INFORMATION a. DATE 23 Apr 89 b. PLACE (City and State) Camp Roberts, CA	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR			
6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL		7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY Camp Roberts, TMC	
8. HOUR AND DATE ADMITTED N/A		9. HOUR AND DATE EXAMINED 0700 23 Apr 89	
10. DIAGNOSIS AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) Irritation to Right eye			
11. MEDICAL OPINION: a. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY OR DISEASE <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY OR DISEASE <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY (Add basis for opinion in item 15). e. CONDITION <input type="checkbox"/> DID <input checked="" type="checkbox"/> DID NOT EXIST PRIOR TO SERVICE AND <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT AGGRAVATED BY SERVICE.			
12. THE FOLLOWING DISABILITY MAY RESULT <input checked="" type="checkbox"/> NONE ESTIMATE OF TIME LOSS (Days): <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL		13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD N/A
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) Sm was enroute to place of duty and due to high winds, a foreign object blew into her right eye causing minor irritation.			
16. DATE 23 Apr 89	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR JOHN G. SMITH, MD		18. SIGNATURE 
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER			
19. DUTY STATUS <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		20. HOUR AND DATE OF ABSENCE a. FROM b. TO	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> ACTIVE DUTY FOR TRAINING 32 USC 503 <input type="checkbox"/> INACTIVE DUTY TRAINING		23. HOUR AND DATE OF TRAINING a. BEGAN 0700 22 Apr 89 b. END 2400 6 May 89	
24. MEMBER WAS INJURED OR DIED OF INJURIES OR DISEASE PROCEEDING <input type="checkbox"/> IN A DIRECT ROUTE <input type="checkbox"/> IN AN INDIRECT ROUTE <input type="checkbox"/> TO DUTY <input type="checkbox"/> FROM DUTY.			
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
29. ADDITIONAL INSTRUCTIONS FOR INJURIES OR DEATHS CAUSED BY INJURIES RECEIVED IN ROUTE TO OR FROM TRAINING: INCLUDE MANNER OF TRAVEL, ROUTE FOLLOWED AND POINT OF INCIDENT IN ITEM 30. IF PROCEEDING FROM DUTY, INCLUDE RELEASE TIME AND DESTINATION ALSO.			
30. FINDINGS BASED ON COMMANDER'S INVESTIGATION (Include names, SSNs and addresses of witnesses - continue on reverse if needed). SSG Love was enroute to her duty station on 23 Apr 89, when an object blew into her right eye causing irritation. Because her duty station was beyond the TMC, she stopped and received treatment for her eye. There was no witness to the incident and SSG Love was returned to duty the same day. No misconduct was involved.			
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
33. DATE 23 Apr 89	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER GEORGE G. SCOTT, MAJ, CDR		35. SIGNATURE 



## APPENDIX A (continued)

**DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN**

**Note to attending physician:** Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below:

(to be completed by unit prior to submission to physician)

Normal military duties for: 71L30 Administrative  
(Service member's MOS)

Consist of the following Typing, filing and various other office requirements for  
administrative assistances

I have examined	<u>SSG Love, Larissa M.</u>	<u>124-00-0081</u>	on	<u>23 Apr 89</u>												
	(Name and SSN)			(Date)												
Disabled from	<u>N/A</u>	to	<u>N/A</u>													
	(Date)		(Date)													
Date expected to return to normal military duty:	<u>23 Apr 89</u>															
	(without limitation)															
Cause of disability:	<u>Right eye irritation</u>															
	(Final Diagnosis)															
Type medical treatment furnished:	<u>flushed eye with a mild solution, placed eye medication in</u>															
Nature of healing process (prognosis):	<u>Good - all irritation should be gone within one day</u>															
Is it in the best interest of the Federal Government to continue medical treatment rather than to place the service member before a Medical Evaluation Board? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> <u>no further treatment needed</u>																
This individual (is)* (is not)* permanently disabled. If permanently disabled or if temporarily disabled for more than 90 days, the individual (has)* (has not)* been scheduled for a (Medical Evaluation Board)* (Physical Evaluation Board)* in accordance with AR 40-3.																
Current medical profile: (by service physician)	<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				P	U	L	H	E	S						
P	U	L	H	E	S											
<u>23 Apr 89</u>	<div style="text-align: right;"> <u>John G. Smith</u>            (Physician's Signature)  <b>JOHN G. SMITH, MD</b>  <b>LIC# 245908</b>  <b>Camp Roberts TMC</b>            (Typed or printed name of physician and medical treatment facility)         </div>															
(Date Signed)	Board date: _____															

\*Strike out inapplicable term

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

**AUTHORITY:** 32 USC 318 and 319; 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

**PRINCIPAL PURPOSES:** To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

**ROUTINE USES:** Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

**DISCLOSURE IS VOLUNTARY:** Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

## APPENDIX A (continued)

(Battalion or Squadron Letterhead)

(date)

SUBJECT: TRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT

TO: MEDICAL TREATMENT FACILITY, ATTN: PATIENT ADMINISTRATION  
 THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN: CAMP-SB  
 UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN: CAUS-TR  
 TRANSPORTATION OFFICER  
 Individual Concerned

1. The following member of the California Army National Guard is authorized medical care under the provisions of para 6, NGR 40-3, and para 4-2, AR 40-3 and is ordered to report for treatment as indicated:

(Last Name, First Name, MI., SSN, Rank, Unit, Unit Address and ZIP Code)

Attached to: \_\_\_\_\_  
 (Name, Address and ZIP Code of Medical Treatment Facility)

Reporting Date: \_\_\_\_\_ Period: \_\_\_\_\_

Purpose: ☐ Treatment ☐ Evaluation ☐ Remedial Surgery ☐ MEB ☐ PEB

Additional instructions: Report to Patient Administration for an appointment in \_\_\_\_\_ at \_\_\_\_\_ hours  
 (allow 15 minutes for processing) (Clinic or Room)

If desired, Transportation Officer will furnish transportation request and meal tickets. Memorandum copy of transportation request and meal tickets will be forwarded to United States Property and Fiscal Officer for California, Camp San Luis Obispo, CA 93403-8660. Travel of dependents and mileage or monetary allowances are not authorized. Reimbursement for actual expenses is authorized. JTR Vol 1, 6005.

FOR ARNG/ARMY USE

AUTH: ☐ 32 USC 318; 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in line of duty while under orders not specifying 30 days or less.

☐ 32 USC 319; For diseases incurred in line of duty while under orders specifying 30 days or less.  
 Do not use for diseases incurred during inactive duty training.

Accounting classification: FY 89: Tvt. (Off) 2192060 18-1004 P2U21.1000 (211J,219J) \_\_\_\_\_ /BF0 S04376; (Ent) 2192060 18-1004 P2U41.1100 (211J,219J) \_\_\_\_\_ /BF0 S04376. (NOTE: Enter UIC in blank for officer or enlisted accounting classification.)

HOR: \_\_\_\_\_  
 FORMAT 445

2. Background and status at time of injury/disease are as follows:

Type duty being performed: ☐ IDT ☐ AT ☐ FTTD ☐ REP TRNG ☐ OTHER

Inclusive dates of training: \_\_\_\_\_

Location where disease or injury occurred: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Line of Duty Status: \_\_\_\_\_ Events leading to incident: \_\_\_\_\_

3. Request treatment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 2173 is inclosed, request Section I of that form also be completed. These two forms should be returned to this headquarters along with any civilian medical bills.

FOR THE COMMANDER:

(Signature and signature block of Adjutant)

CAL ARNG Form 40-6-1

1 Nov 88

(Replaces CAL ARNG Form 40-6-1 dated 17 Feb 88)

## APPENDIX A (continued)

STATE OF CALIFORNIA  
OFFICE OF THE ADJUTANT GENERAL  
P.O. Box 214405 - 2829 Watt Avenue  
Sacramento, California 95821-4405

PERMANENT ORDERS 62-13

4 November 1988

HHC 1st Bde 40th Inf Div  
HHC 2d Bn 160th Inf  
Det 1 HHC 2d Bn 160th Inf  
Co A 2d Bn 160th Inf  
Co B 2d Bn 160th Inf  
Co C 2d Bn 160th Inf  
Co D 2d Bn 160th Inf  
Det 1 Co D 2d Bn 160th Inf  
Co E 2d Bn 160th Inf  
HHC 3d Bn 160th Inf  
Co A 3d Bn 160th Inf  
Co B 3d Bn 160th Inf  
Co C 3d Bn 160th Inf  
Co D 3d Bn 160th Inf  
Co E 3d Bn 160th Inf  
HHC 1st Bn 185th Armor  
Co A 1st Bn 185th Armor  
Co B 1st Bn 185th Armor  
Co C 1st Bn 185th Armor  
Co D 1st Bn 185th Armor  
HHB 2d Bn 144th FA  
Btry A 2d Bn 144th FA  
Btry B 2d Bn 144th FA  
Btry C 2d Bn 144th FA  
Svc Btry 2d Bn 144th FA  
HHD 40th Spt Bn  
Co A 40th Spt Bn  
Co B 40th Spt Bn  
Co C 40th Spt Bn  
Det 2 Co A 132d Engr Bn  
40th Pers Svc Co

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-11 FY 89, 32 USC 503  
and Sections 142 and 368 California Military and Veterans Code  
Duty station: Camp Roberts CA

Period: 22 Apr - 6 May 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 PIA10.1000-1100,1200 S04376

Off Tvl & PD 2192060 18-1004 PIA50.1000-2100 S04376

EM Pay & alw 2192060 18-1004 PIA30.1100-1100,1200 S04376

EM Tvl & PD 2192060 18-1004 PIA60.1100-2100 S04376

Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification: